



**State of New Hampshire
Department of Health and Human Services
Division of Public Health Services**



REQUEST FOR PROPOSALS

For

New Hampshire Abstinence Education Program

10-DPHS-MCH-AEP-03

**State Fiscal Year(s) 2010 & 2011
July 1, 2009 – June 30, 2011**

March 16, 2009

Contact Information:

Rhonda Siegel

RSiegel@dhhs.state.nh.us

NH DHHS, DPHS, Maternal & Child Health Section
ATTN: Shari Campbell
29 Hazen Drive
Concord, NH 03301-6504

TABLE OF CONTENTS

- 1. PURPOSE OF THE REQUEST FOR PROPOSALS AND AVAILABLE FUNDING**
- 2. BACKGROUND INFORMATION**
- 3. SCOPE OF SERVICES AND PERFORMANCE MEASURES**
 - 3.1 Scope of Services:
 - 3.2 Performance Measures
- 4. ELIGIBILITY**
- 5. PROCUREMENT TIMETABLE**
- 6. LETTER OF INTENT**
- 7. BIDDERS' CONFERENCE AND BIDDERS' QUESTIONS**
 - 7.1. Bidders' Conference
 - 7.2. Bidders' Questions
- 8. APPROPRIATE USE OF FUNDS AND OTHER REQUIREMENTS**
- 9. PROPOSAL SUBMISSION INSTRUCTIONS.**
 - 9.1 Proposal Submission
 - 9.2 Required Materials
- 10. PROPOSAL REQUIREMENTS AND SCORING CRITERIA**
 - 10.1 Proposal Formatting and Adherence to Instructions
 - 10.2 Proposal Face Sheet
 - 10.3 Proposal Checklist
 - 10.4 Table of Contents
 - 10.5 Executive Summary
 - 10.6 Proposal Narrative and Workplan
 - 10.6.1 Bidder Experience and Capacity
 - 10.6.2 Plan of Operation
 - 10.6.3 Budget and Justification
- 11. PROPOSAL REVIEW AND EVALUATION**
- 12. PROCEDURES FOR BIDDER SELECTION AND NOTIFICATION**
- 13. DOCUMENTS FOR CONTRACT APPROVAL**
- 14. ADDITIONAL INFORMATION**

15. RESPONSIBILITIES OF THE DIVISION OF PUBLIC HEALTH SERVICES

16. ENCLOSURES

Exhibit A

Performance Measure Definitions

WAIT Training Curricula Background Information

Form A—Unduplicated Count of Clients Served & Instructions

Form B—Hours of Service Received By Clients & Instructions

Form C—Program Completion Data & Instructions

Form D—Communities Served & Instructions

Letter of Intent Form

Proposal Face Sheet & Instructions

Proposal Checklist

Staff List Form & Instructions

Budget Form

Budget Form and Justification Instructions

Sources of Revenue Form & Instructions

Comprehensive General Liability Insurance Acknowledgement Form

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

REQUEST FOR PROPOSALS

New Hampshire Abstinence Education Program

10-DPHS-MCH-AEP-03

March 16, 2009

The mission of the New Hampshire Department of Health and Human Services (NH DHHS), Division of Public Health Services (DPHS) is to assure the health and well-being of communities and populations in New Hampshire by promoting and protecting the physical, mental and environmental health of its citizens, by preventing disease, injury, disability and death, and preparing for public health emergencies. This mission is carried out, to a large degree, in partnership with community-based agencies that are awarded contracts through a Request for Proposals (RFP) process.

1. PURPOSE OF THE REQUEST FOR PROPOSALS AND AVAILABLE FUNDING

The purpose of this RFP is to solicit proposals from qualified applicants to maintain the administration of the New Hampshire 510 Abstinence Education Program, known as the Leadership in Abstinence Education Program (LAEP). The successful bidder will facilitate the LAEP with its mission as a training and leadership center for the promotion of abstinence education as well as subcontract with certified educators to present abstinence curricula to youth ages 12 through 18 and their parents. The area to be served is statewide with a particular focus on the communities in the fifth quartile as listed in *Kids Count, New Hampshire Data Book 2008* (Children's Alliance of New Hampshire) which are Albany, Bartlett, Berlin, Claremont, Colebrook, Conway, Danbury, Dorchester, Effingham, Farmington, Franklin, Goshen, Laconia, Lancaster, Lempster, Manchester, Milton, Newport, Northumberland, Ossipee, Pittsburg, Pittsfield, Rochester, Somersworth, Stewartstown, Stratford, and Winchester.

Funds for this are available in the amount of \$90,000 per year, for the anticipated time period of July 1, 2009 to June 30, 2011, with the possibility of renewal for 2 additional years. Estimates of available funding and time periods presented here are subject to adjustments. See Section 14 of this RFP for provisions regarding Amendments and Renewals of any contract resulting from this RFP. Copies of this RFP and accompanying forms may be downloaded from our website at: <http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm>. Forms contained in the PDF or print versions of the RFP cannot be used for electronic data entry. Electronic version of forms, to be used for proposal submission, will be provided to all bidders that submit a Letter of Intent.

2. BACKGROUND INFORMATION

Adolescent or teen pregnancy increases the risk of serious health and economic consequences to young women and their infants. Pregnant teens have higher rates of pregnancy complications including hypertension, infection with sexually transmitted diseases, and inadequate weight gain. A result of these health consequences is a high economic burden, as half of all New Hampshire's adolescent mothers rely on Medicaid for payment of prenatal care, delivery or both.

In calendar year 2006, there were 18.7 live births per 1000 total population for teen females 15-19 years of age. This went down significantly from a rate of 10.3 teen births in 2003. This is consistent with national trends. In 2006 in New Hampshire, the overall percentage of births to unmarried women (of all ages) in 2006 was 29.4%. Nationwide, childbearing by unmarried women rose substantially. Although the overall New Hampshire teen birth rate is the lowest in the nation, the use of an average value obscures the high teen birth rates that face many New Hampshire cities and towns. There are significantly more births to mothers with less than 12 years of education in the lowest fifth quartile of towns and cities as indicated in the *Kids Count, New Hampshire Data Book 2008* (Children's Alliance of New Hampshire)

According to the 2007 Youth Risk Behavior Survey, 44.7 % of high school students reporting having engaged in sexual activity, with a confidence interval between 40.3% and 49.2%. There was no significant change from 2005 when an average of 42.7% of students reporting having engaged in sexual activity with a confidence interval of 38.4% and 47.0%. In 2003, this number was 42% with significantly fewer schools participating in the survey.

Given New Hampshire's small population, the individual cases of youth with sexually transmitted infections are too small for the data to be statistically reliable. However, chlamydia is the most common sexually transmitted infection under surveillance in New Hampshire and most cases are detected in adolescents. There were 619 positive chlamydia tests for youth 15-19 years of age for calendar year 2005 resulting in a rate of 646.4 per 100,000 persons and 629 cases for 2006 resulting in a rate of 648.4 cases per 100,000 persons. The two years are not statistically different although the trending over the years has gone up. More than double the amount of females contracted chlamydia than males.

The Federal Administration for Children and Families' (ACF) Family and Youth Services Bureau awards state abstinence education program grants to help decrease both teen pregnancy and teen sexually transmitted disease rates. These grants are based on a statutory formula determined by the proportion of low-income children in a State to the total number of low-income children in all States according to the latest census data.

These grant projects must meet the legislative priorities as described in Section 510 of Title V of the Social Security Act. Abstinence education (A – H compliance) is defined in the legislation as *an educational or motivational program that:*

- A) *Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;*
- B) *Teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;*
- C) *Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;*
- D) *Teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;*
- E) *Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;*
- F) *Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;*
- G) *Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and*
- H) *Teaches the importance of attaining self-sufficiency before engaging in sexual activity.*

The Leadership in Abstinence Education Program has been facilitated by the Maternal and Child Health Section of the New Hampshire Department of Health and Human Services. The program facilitated abstinence education in 35% of the towns in the lowest fifth quartile. In State Fiscal Year 07, the LAEP provided abstinence education to 951 students ages 12-18 across the state. Seventy percent of these students completed a pre and post session survey with several positive changes. At the time of the post test:

- There was a 17% increase in the number of students who felt that “Not having sex until marriage prevents emotional problems.”
- There was a 17% increase in the number of students who felt that “Not having sex until marriage develops character and self-regulation skills.”
- There was a 15% increase in the number of students who felt that “Waiting until you are married to have sex enhances future success.”

The Leadership in Abstinence Education Program's three overall goals are to:

- Provide abstinence education meeting federal guidelines to youth of middle and high school age.
- Increase parental acceptance and active engagement in abstinence education programming.
- Deliver technical assistance to all existing and new abstinence educators in the state.

3. SCOPE OF SERVICES AND PERFORMANCE MEASURES

3.1 Scope of Services:

A. Minimum Required Services

The minimum required services of the Leadership in Abstinence Education Program (LAEP), is to meet the priorities and goals of this request for proposals are the following summarized from the attached Exhibit A, Scope of Services:

- Provide WAIT (Why Am I Tempted?) curriculum (or another evidence-based abstinence education curriculum vetted by the National Abstinence Clearinghouse) in schools and community programs through direct provision and/or subcontracts with trained abstinence educators in at least 10 of the 22 focal communities.
- Provide instruction for at least ten new abstinence educators in an annual WAIT curricula training.
- Provide a minimum of 10 subcontracts annually for curriculum delivery to community based educators utilizing the WAIT Training Program (or another approved and vetted by the Abstinence Education Clearinghouse). These 10 subcontracts will provide abstinence education to at least 1500 students per year.
- Provide a minimum of four parent sessions reaching at least 64 parents in four of the focal communities.
- Maintain an active network of abstinence educators throughout the state through a list serve.
- Report to the Division of Public Health Services, Maternal and Child Health Section all required data on program activities and evaluation utilizing Federal Title V forms at the minimum.
- Serve on the State Abstinence Education Advisory Committee.
- Attend the annual Federal grantees meeting.

3.2 Performance Measures

The DPHS is committed to assuring that it delivers high quality public health services directly or by contract. As stewards of state and federal funds we strive to assure that all services are evidenced-based and cost efficient. To measure and improve the quality of public health services, DPHS employs a performance management model. This model, comprised of four components, provides a common language and framework for DPHS and its community partners. These four components are: 1) performance standards; 2) performance measurement; 3) reporting of progress; and, 4) quality improvement. DPHS has established the following performance measures for the work to be carried out under this proposal:

- Performance Measure #1: Percentage increase (for youth in facilitated sessions) in an understanding of the benefits of delaying sexual activity (based on the difference between pre and post test surveys after delivery for three questions.)

- Performance Measure #2: Percentage increase (for youth in facilitated sessions) in an intention to return to primary sexual health behavior or abstinence (based on the difference between pre and post test surveys after delivery for three questions).
- Performance Measure #3: Percentage of parents that participate in facilitated sessions that are able to list five ways to increase their children's developmental assets.
- Performance Measure #4: Percentage of parents that participate in facilitated sessions that are able to list five abstinence skills that they plan to discuss with their children.

As part of this proposal, the bidder is required to describe the steps that will be taken towards meeting the performance measures and the evaluation process that will be used to assure progress towards meeting the performance measures and the overall program objectives and goals. At intervals specified by DPHS, the selected bidder/contractor will report on their progress towards meeting the performance measures, and overall program goals and objectives to demonstrate they have met the minimum required services for the proposal. The selected bidder will at a minimum, utilize the Federal Title V reporting forms attached within this RFP as well as pre and post test youth and parent surveys designed by the LAEP itself. The data requested on the Federal forms include but are not limited to numbers and demographics of all clients (students, parents, and teachers trained) served, hours of service received by clients, and communities served.

4. ELIGIBILITY

Proposals may be submitted by any established non-profit corporation, public agency (agency or department of municipal, county, or state government); or by private proprietorships, partnerships, or corporations; or by a consortium of public, non-profit, and private entities. Programs currently funded shall be in full fiscal and programmatic compliance in order to receive consideration for an award under this RFP.

5. PROCUREMENT TIMETABLE

March 16, 2009	RFP packages are available by request or via the NH DHHS website http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm
March 23, 2009	Mandatory Letters of Intent due to DPHS by 4:30 PM EST
April 6, 2009	Deadline to submit questions in writing relative to RFP by 4:30 PM EST
April 13, 2009	Proposals due to DPHS by 4:30 PM EST
April 27, 2009	Notices will be sent to selected bidder(s)
April 30, 2009	Contract documents sent by DPHS to selected bidder(s) for signature
May 14, 2009	Signed contract documents due back to DPHS
July 1, 2009	Effective date of contracts, pending Governor and Council approval.

6. LETTER OF INTENT

The enclosed Letter of Intent Form, or other written communication that includes all information requested on the Letter of Intent Form, shall be used to satisfy the Letter of Intent requirement by submitting to DPHS as described on the form.

A Letter of Intent offers the benefit of ensuring that a bidder will receive notice of any modifications made to the RFP as well as copies of questions asked by all bidders and answers provided by DPHS, as described in Section 7.2. Also, electronic versions of forms, required for proposal submission, will be provided to all bidders that submit a Letter of Intent.

7. BIDDERS' CONFERENCE AND BIDDERS' QUESTIONS

7.1. Bidders' Conference

There will be no bidders' conference.

7.2. Bidders' Questions

Please see the DHHS' Frequently Asked Questions (FAQs) about the RFP process @ <http://www.dhhs.nh.gov/DHHS/OBO/FAQs/default.htm> . These will provide answers to many commonly asked questions about the proposal process. All questions relative to the RFP must be submitted in writing to Rhonda Siegel by the date in the Procurement Timetable at the address below or via e-mail at rsiegel@dhhs.state.nh.us . These questions and their answers will be sent to all bidders who have submitted a letter of intent and will also be published on the DHHS web site at the web address noted in the Procurement Timetable.

NH DHHS, DPHS, Maternal and Child Health Section
ATTN: Rhonda Siegel
29 Hazen Drive
Concord, NH 03301-6504

8. APPROPRIATE USE OF FUNDS AND OTHER REQUIREMENTS

Funds awarded through this grant may be used to pay for 4/7th of the LAEP project costs. The remaining 3/7th must be from non-federal sources, either State, local, cash or in-kind. Therefore the grant requires a match of \$3.00 for every \$4.00 paid by the grant. The non-federal share must be used to support approved program activities and is subject to the same rules of allow ability, reasonableness and necessity that apply to the Federal share. The burden of this cost falls on the applicant, not the DHHS.

Funds may be used to pay for salaries and benefits of program staff, meeting expenses, travel for program and training purposes, technical assistance and other training, educational materials, postage, supplies, rent, laboratory services, subcontracts, consultants, equipment, software, and telephone. Indirect costs must be less than or equal to 10%. DPHS funding may not be used to replace funding for a program already funded from another source.

Funds may not be used for programs not meeting Federal A-H guidelines

Funded contractors/vendors will be expected to keep records of their activities related to DPHS-funded programs and services. Payment for contracted services will be made on a combined line item cost reimbursement basis on monthly invoices for expenditures incurred and upon compliance with reporting requirements.

Funded contractors/vendors will be accountable to meet the scope of services. Failure to meet the scope of services may jeopardize the funded contractor/vendor's current and/or future funding. Corrective action may include actions such as a contract amendment or termination of the contract. The contracted organization shall prepare progress reports, as required.

Staff funded under this RFP may be required to attend pertinent technical assistance sessions or progress reviews sponsored by DPHS.

9. PROPOSAL SUBMISSION INSTRUCTIONS.

9.1 Proposal Submission

Proposals shall be submitted to:

NH DHHS, DPHS, Maternal and Child Health Section
ATTN: Shari Campbell
29 Hazen Drive
Concord, NH 03301-6504

The proposal shall be received (not simply post-marked) by DPHS no later than 4:30 PM, EST on the date specified in the Procurement Timetable in Section 5. **No extensions will be granted. Faxed copies will NOT be accepted. The responsibility for submitting a response to this RFP on or before the stated time and date will rest solely and strictly with the bidder.** The DPHS will in no way be responsible for delays in delivery caused by the U.S. Postal Service or other couriers, or caused by any other occurrence.

9.2 Required Materials

The following required materials shall be submitted to DPHS in order for a proposal to be complete:

1. Original proposal, plus three (3) copies, and an electronic copy on CD or other media
2. Proposal Face Sheet
3. Proposal Checklist
4. Table of Contents
5. Executive Summary
6. Proposal Narrative
7. Staff List Form
8. Budget Form
9. Sources of Revenue Form
10. Comprehensive General Liability Insurance Acknowledgement Form

Forms contained in the PDF or print versions of the RFP cannot be used for electronic data entry. Electronic version of forms, to be used for proposal submission, will be provided to all bidders that submit a Letter of Intent.

10. PROPOSAL REQUIREMENTS AND SCORING CRITERIA

Proposals shall follow the outline presented in this section and are required to contain all components listed and detailed below. Proposals will be reviewed as described in Section 11. **The score of a proposal will be based on the extent to which the applicant successfully addresses the required proposal components.**

10.1 Proposal Formatting & Adherence to Instructions – 5 Points

An organized proposal facilitates the work of reviewers who are often reviewing multiple proposals.

Proposals shall:

- contain a Table of Contents;
- be typed, double-spaced and in no less than 11-point font;
- have one-inch margins;
- have numbered pages, following the Table of Contents;
- include requested information in appropriate sections of proposal;
- adhere to page limitations for each section;
- spell out all acronyms the first time that they are used;
- note the source of all data cited; and,
- be clipped in the upper left corner, and not be bound or stapled; and
- include an electronic version of the proposal and its attachments formatted in Microsoft WORD on disk or CD ROM.

10.2 Proposal Face Sheet – Not scored

10.3 Proposal Checklist – Not scored

10.4 Table of Contents – Not scored

10.5 Executive Summary (not to exceed 2 pages) Not scored

Proposals lacking an Executive Summary will not be reviewed.

Summarize the agency/bidder organization information (include any networks or subcontractors to be involved), and the proposal, the targeted population(s) and the estimated total number of people to be served by these funds. The Executive Summary is an integral component of the proposal review process and must be prepared as a stand-alone component.

10.6 Proposal Narrative and Workplan

10.6.1 Bidder Experience and Capacity (not to exceed 5 pages) - 30 Points

This section of the proposal is intended to convey the experience and capacity of the bidder, its staff and any collaborating partners to carry out the scope of services. It should convince reviewers that the bidder is the most qualified candidate to provide the services requested.

1. Describe the bidder's overall **mission, program, and services**, indicating how they relate to the goals and priorities described in Section 2 of the RFP.
2. Describe/demonstrate in the proposal that the bidder and any collaborating partners have the **experience and capacity** necessary to meet the goals, objectives, and priorities of the program; provide the minimum required services as described in Section 3 and Exhibit A of the RFP; and, to meet the performance measures. This includes:
 - a. its overall ability to perform the technical aspects of the program;
 - b. the availability of qualified and experienced personnel;
 - c. the availability of adequate facilities, general environment, and resources for the proposed services; and,
 - d. adequacy of plans for the administration of the program. Please include an organizational chart.
3. Clearly describe arrangements for coordination of services and exchange of information with subcontractors. Copies of subcontracts or memorandum of understanding, letters of support are provided as applicable summarizing clearly and specifically the nature of the collaboration and level of support.
4. Describe any significant changes and accomplishments (for example, changes in geographic area served, staffing, or reorganization of agency/bidder organizational structure) which occurred during the current fiscal year, or which are planned for the upcoming period, and explain how these will impact the scope of services to be provided.

10.6.2 Plan of Operation (not to exceed 5 pages) - 50 Points

This section of the proposal describes how the bidder will meet the overall goal(s) described in Section 2 and the Scope of Services of the RFP.

1. Describe, concisely and completely:
 - a. how the program will operate;
 - b. how the scope of services as described in Section 3 and Exhibit A of the RFP will be carried out – and by whom;
 - c. the roles of each staff member, identifying each staff member by name or, by title if the position is vacant. Provide, as attachments, current resumes for all program staff and job descriptions for vacant positions. These attachments will not be counted as part of the page limitation; and,
 - d. how performance measures will be met.

2. Describe the populations and geographical areas to be served, including the number of clients expected to be served. These numbers should be realistic and appropriate for the service area.
3. Describe and demonstrate the bidder's ability to access one or more populations considered a high priority for the program in the bidder's service area.
4. Describe a plan for monitoring and evaluating progress in meeting objectives (and performance measures, stating how progress will be measured.
5. Complete the provided electronic Staff List Form according to instructions.

10.6.3 Budget and Justification - 15 Points

For the purposes of this RFP, the **Budget Periods are defined as:** 7-1-09 to 6-30-10 and 7-1-10 to 6-30-11.

The proposed budget shall be appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds. It shall include the following items, **one for each Budget Period:**

1. **Budget Form (provided by DPHS) See RFP Enclosures, Section 16.** This form details the costs of your proposal. The Budget Form shall be submitted electronically and in hard copy.

2. **Budget Justification - (Not to exceed 2 pages per Budget Period)**

A Budget Justification must be completed for each Budget Period.

- Describe in detail each expense item and personnel position for which funding is requested, linking each to the services to be provided. Use the numbered items as listed in the Budget Form and Justification Instructions (See Enclosures) to organize this justification narrative.
- Ensure that the budget is appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds.
- Proposals should provide the best value for cost/price bid.
- The indirect costs shall not exceed 10 %.
- The grant requires a match of \$3.00 for every \$4.00 paid by the grant. The burden of this cost falls on the applicant, not the DHHS

3. **Sources of Revenue Form (provided by DPHS)**

The Sources of Revenue Form shall be submitted electronically and in hard copy.

- Complete one Sources of Revenue Form for each Budget Period.
- Provide clear information about other sources of revenue for the program other than state funds.
- Show in-kind contributions for the same Budget Periods.
- Show any revenue generated.

4. Staff List Form (provided by DPHS)

The Staff List Form shall be submitted electronically and in hard copy.

- Include all staff in the program funded in part or in whole through this proposal.
- Complete one Staff List Form for each Budget Period.

11. PROPOSAL REVIEW AND EVALUATION

DPHS will convene a review panel to conduct an objective review of proposals received in response to this RFP process. The panel will be comprised of internal and external reviewers for competitive proposals. All reviewers are required to sign a conflict of interest agreement to assure their impartiality during the review process.

Scoring of proposals will be based solely on what is submitted in writing by the bidder in response to this RFP. The merits of each proposal will be evaluated and scored according to the scoring criteria described in Section 10.

In situations in which proposal scores are close or equal after the initial review, the DPHS may choose to conduct a second review of the proposals with comparable scores, and/or may request that bidders present a live presentation to the review committee of their proposal. The DHHS reserves the right to request additional information in order to make a final determination of the successful bidder(s).

DPHS reserves the right to accept or reject any proposal, and to waive any minor irregularities in the proposals. DPHS reserves the right to make final funding decisions based on the availability of funds, geographic distribution of services, prior bidder performance (if applicable), and other Department priorities.

Please note that DPHS recommends the awarding of a contract to the Governor and Executive Council. Thus, the RFP and contract process is not complete without approval of the Governor and Executive Council.

12. PROCEDURES FOR BIDDER SELECTION AND NOTIFICATION

Notice of Selection Procedures

A letter of selection will be sent to selected bidders by the date noted in the procurement timetable. The scope of services and budget may be negotiated based upon the merit of the proposal as evaluated by the review panel, availability of funding, and conditions of the award. Failure of a selected bidder to satisfactorily negotiate within a reasonable time may result in the bidder forfeiting its award.

DPHS may negotiate the funding of geographic service areas and selected activities of a proposal if other activities can be funded more efficiently through different providers. DPHS may also require a bidder to make appropriate linkages with other contractors/vendors and programs in order to receive funding.

Recommendation for Non-Selected Proposals

In accordance with New Hampshire Statutes Chapter 21-I:13-a, no information shall be available to the public, the members of the general court or its staff, notwithstanding the provisions of RSA 91-A:4, concerning specific invitations to bid or other proposals for public bids, from the time the invitation or proposal is made public until the bid is actually awarded, in order to protect the integrity of the public bidding process. This means that no information can be provided to non-selected bidders until contracts are awarded to selected bidders through the Governor and Executive Council.

After contracts for selected bidders are approved by Governor and Executive Council, non-selected bidders may request an opportunity to:

- 1) Discuss with DPHS administrative staff the reasons for not being selected.
- 2) Receive recommendations that may make future proposals more effective.

Such requests shall be submitted in writing to:

NH DHHS, DPHS, Bureau of Policy and Performance Management
ATTN: Joan H. Ascheim
29 Hazen Drive
Concord, NH 03301-6504

Such requests are not considered appeals. Once a bidder has submitted a letter, DPHS will attempt to accommodate such requests within a reasonable time.

13. DOCUMENTS FOR CONTRACT APPROVAL

Following selection, selected bidders will be required to submit the following documents for contract approval:

- Signed and notarized **General Provisions (P-37)** (form provided by DPHS).
- Signed and notarized **Certificate of Vote** (sample provided by DPHS).
- Revised budget and budget justification pages.
- Most recent **Agency Financial Audit, or audited financial statements** (required only for contracts purchasing social services)
- Agency/bidder **Mission Statement** - (required only for contracts purchasing social services)
- **Key Administrative Personnel Sheet** - (required only for contracts purchasing social services) a chart of key administrative personnel.
- **Resumes** - (required only for contracts purchasing social services) current resume/curriculum vitae of each person listed in the Key Personnel Sheet.
- **Board of Directors List** - (required only for contracts purchasing social services)

- **Certificate of Good Standing** - (not required for municipalities) this is a Certificate of Good Standing, Registration, or Authorization, as appropriate, that is issued by the NH Secretary of State's office and is proof of a company/organization's existence.
- **Certificate(s) of Insurance** for General Liability and Worker's Compensation Insurance with the following listed as the Certificate Holder:

NH Department of Health & Human Services
29 Hazen Drive
Concord, NH 03301-6504

- Signed copies of additional assurances: **Exhibits D; E; F; G; H**

Please make arrangements in advance for any necessary Board actions so that contract documents can be returned by the date listed in the procurement timetable. Successful contract document completion will result in a contract becoming effective on the date in the procurement timetable or upon approval by the Governor and Executive Council of the State of New Hampshire, whichever is later. **Delays in returning contract documents may result in contracts not being effective on that date.** No services occurring before the effective date are reimbursable under the contract.

14. ADDITIONAL INFORMATION

Amendments

DPHS has the option of amending the Agreement throughout the funding cycle based on program performance, fiscal expenditure, and other contract requirements. All amendments require approval by the Governor and Executive Council.

Renewals

DPHS has the option to renew the Agreement for two additional year(s), pending availability of funding, the agreement of the parties, and approval by Governor and Council.

Cancellation

DPHS may, upon determining that no satisfactory proposals have been received for any particular service, decide to re-bid for this particular service.

Public Record

All proposals become the property of the State of New Hampshire and will be a matter of public record.

15. RESPONSIBILITIES OF THE DIVISION OF PUBLIC HEALTH SERVICES

DPHS will take an active role in providing technical assistance to the contract organizations on relevant issues (e.g., program implementation and evaluation) by conducting site visits and maintaining frequent telephone contact.

All documents (written, video, audio) produced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution or use. The DHHS will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contracted organizations may not reproduce any materials produced under the contract without prior written approval from DHHS.

16. ENCLOSURES

Exhibit A

Performance Measure Definitions

WAIT Training Curricula Background Information

Form A—Unduplicated Count of Clients Served & Instructions

Form B—Hours of Service Received By Clients & Instructions

Form C—Program Completion Data & Instructions

Form D—Communities Served & Instructions

Letter of Intent Form

Proposal Face Sheet & Instructions

Proposal Checklist

Staff List Form & Instructions

Budget Form

Budget Form and Justification Instructions

Sources of Revenue Form & Instructions

Comprehensive General Liability Insurance Acknowledgement Form

**NH Department of Health and Human Services
Division of Public Health Services - Maternal and Child Health Section**

Exhibit A

**Scope of Services
Leadership in Abstinence Education Program SFY 2010 and 2011**

CONTRACT PERIOD: July 1, 2009 or date of G&C approval, whichever is later, through June 30, 2011

The Contractor shall provide abstinence education services as specified below.

I. General Provisions

A. Eligibility and Income Determination: N/A

B. Numbers Served

Services are to be provided to a minimum of 64 parents, 1500 students of middle and high school age, and ten educators in the focal towns of Albany, Bartlett, Berlin, Claremont, Colebrook, Conway, Danbury, Dorchester, Effingham, Farmington, Franklin, Goshen, Laconia, Lancaster, Lempster, Manchester, Milton, Newport, Northumberland, Ossipee, Pittsburg, Pittsfield, Rochester, Somersworth, Stewartstown, Stratford, and Winchester, throughout the contract term.

C. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

D. State and Federal

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
2. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

E. Relevant Policies and Guidelines:

1. The Contractor shall be responsible for a required match of three local dollars for every four federal dollars awarded through this RFP. The local match shall be used solely for support of abstinence education activities with youth or education, training, and technical assistance for abstinence educators. Matching funds may consist of a combination of state dollars, local dollars, and/or in-kind support.
2. The Contractor shall be responsible for carrying out a program that adheres to and is consistent with the following federal guidelines for Abstinence Education programs:
 - A. Has as its exclusive purpose, teaching the social, psychological and health gains to be realized by abstaining from sexual activity;
 - B. Teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
 - C. Teaches that abstinence from sexual activity is the only certain way to avoid out of wedlock pregnancy, sexually transmitted diseases and other associated health problems;
 - D. Teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
 - E. Teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;
 - F. Teaches that sexual activity outside the context of marriage is likely to have harmful consequences for the child, the child's parents and society;
 - G. Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
 - H. Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

F. Publications Funded Under Contract (Standard Language)

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C-1 (5).

G. Subcontractors

If services required to comply with this Exhibit are provided by a subcontracted agency or provider, the DPHS, Maternal and Child Health Section (MCHS) must be notified in writing prior to initiation of the subcontract. In addition, subcontractors must be held responsible to fulfill all relevant requirements included in this Exhibit.

II. Minimal Standards of Core Services

A. Service Requirements

The Contractor shall administer the Leadership in Abstinence Education Program and shall perform the following services:

1. Provide WAIT (Why Am I Tempted?) curriculum (or another evidence-based abstinence education curriculum vetted by the National Abstinence Clearinghouse) in schools and community programs through direct provision and/or subcontracts with trained abstinence educators in at least 10 of the 22 focal communities.
2. Provide instruction for at least ten new abstinence educators in an annual WAIT curricula training.
3. Provide a minimum of 10 subcontracts annually for curriculum delivery to community based educators utilizing the WAIT Training Program (or another approved and vetted by the Abstinence Education Clearinghouse). These 10 subcontracts will provide abstinence education to at least 1500 students per year.
4. Provide a minimum of four parent sessions reaching at least 64 parents in four of the focal communities.
5. Maintain an active network of abstinence educators throughout the state through a list serve.
6. Report to the Division of Public Health Services, Maternal and Child Health Section all required data on program activities and evaluation utilizing Federal Title V forms at the minimum.
7. Serve on the State Abstinence Education Advisory Committee.
8. Attend the annual Federal grantees meeting.

Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects' research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

B. Staffing Provisions

Staffing Changes

1. New Hires

The Contractor shall notify the MCHS in writing within one month of hire when a new administrator or coordinator or any staff person essential to carrying out this scope of services is hired to work in the program. A resume of the employee shall accompany this notification.

2. Vacancies

The Contractor must notify the MCHS in writing if the administrator or coordinator is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

C. Coordination of Services

1. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

D. Meetings and Trainings

The Contractor will be responsible to send staff to meetings and training required by the Maternal and Child Health Section, including but not limited to: Abstinence Education Advisory Committee meetings and the annual Federal Title V grantee meeting.

III Quality or Performance Improvement (QI/PI)

A. Data and Reporting Requirements

The Contractor shall submit to the MCHS the following data used to monitor program performance:

1. The Contractor shall provide all information as requested, including, but not limited to, Federal documentation forms, for inclusion in the grant application submitted by MCHS to the Administration on Children, Youth, and Families. MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
2. The Contractor shall provide all information as requested, including Federal documentation forms, for inclusion in the annual Title V progress report submitted to the Administration on Children, Youth, and Families. . MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be

completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

C. On-Site Reviews

1. The Contractor shall allow a team or person authorized by the MCHS to periodically review the Contractor's systems of governance, administration, data collection and submission, and financial management in order to assure systems are adequate to provide the contracted services.
2. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.
3. On-Site reviews may be waived or abbreviated at the discretion of the MCHS.

**LEADERSHIP IN ABSTINENCE EDUCATION
PERFORMANCE MEASURE DEFINITIONS
FISCAL YEAR 2010 AND 2011**

Leadership in Abstinence Education Performance Measure #1

Measure:

Percentage increase (for youth in facilitated sessions) in an understanding of the benefits of delaying sexual activity (based on the difference between pre and post test surveys after delivery for three questions.)

Goal: Increase understanding of the benefits of delaying sexual activity.

Definition:

A delivery consists of either five or ten educational sessions. An understanding of the benefits of delaying sexual activity will be measured by a score based on three relevant questions included in a pre- and post-test:

- Even if there is no STD or pregnancy, sex can still cause problems for me.
- It is possible to have a romantic relationship without having sex.
- Sex is more than a physical act and involves the entire person.

The three questions will each allow five answers, strongly disagree, disagree, not sure, agree, and strongly agree. Each individual student reply per question results in a value of 0 (no change), to 5 (a change to 6 strongly agree from 1, strongly disagree). The number of students responding, giving an average change for the sessions divides the sum of these values. This average change divided by five (the number of possible answers) gives the percentage of change.

Data Source: Contractor and subcontractor delivery evaluations.

Leadership in Abstinence Education Performance Measure #2

Measure:

Percentage increase (for youth in facilitated sessions) in an intention to return to primary sexual health behavior or abstinence (based on the difference between pre and post test surveys after delivery for three questions).

Goal: Increase understanding of the benefits of delaying sexual activity.

Definition:

A delivery consists of either five or ten educational sessions. An intention to return to primary sexual health behavior or abstinence will be measured by a score based on three relevant questions included in a pre- and post-test:

- I want to wait before having sex.
- If I am sexually active, it is possible for me to stop and start over.
- I have the skills and support to wait to have sex.

**LEADERSHIP IN ABSTINENCE EDUCATION
PERFORMANCE MEASURE DEFINITIONS
FISCAL YEAR 2010 AND 2011**

The three questions will each allow five answers, strongly disagree, disagree, not sure, agree, and strongly agree. Each individual student reply per question results in a value of 0 (no change), to 5 (a change to 6 strongly agree from 1, strongly disagree). The number of students responding, giving an average change for the sessions divides the sum of these values. This average change divided by five (the number of possible answers) gives the percentage of change.

Data Source: Contractor and subcontractor delivery evaluations.

Leadership in Abstinence Education Performance Measure #3

Measure:

Percentage of parents that participate in facilitated sessions that are able to list five ways to increase their children's developmental assets.

Goal:

Empower parents to teach their children within the framework of their values about the benefits of sexual abstinence.

Definition:

Numerator- Number of parents in facilitated sessions that are able to list five ways to increase their children's developmental assets.

Denominator- Number of parents in facilitated sessions.

Data Source: Contractor and subcontractor delivery evaluations.

Leadership in Abstinence Education Performance Measure #4

Measure:

Percentage of parents that participate in facilitated sessions that are able to list five abstinence skills that they plan to discuss with their children.

Goal:

Empower parents to teach their children within the framework of their values about the benefits of sexual abstinence.

Definition:

Numerator- Number of parents in facilitated sessions that are able to list five abstinence skills that they plan to discuss with their children. .

Denominator- Number of parents in facilitated sessions.

Data Source: Contractor and subcontractor delivery evaluations.

Background Information			
Title:	WAIT Training	Author:	Joneen Mackenzie, RN, BSN
Publisher:	WAIT Training 8101 E. Belview Ave., Ste. D2 Denver, CO 80237	Copyright:	1 st ed. 1996; 2 nd ed. Dec. 2003
Brief Description			
<p>WAIT Training is designed to give students the reasons, skills and support to choose abstinence from sexual activity until marriage – providing medically accurate, researched-based, culturally relevant information to teens at a critical time in their development. While giving appropriate attention to the negative consequences of risk behaviors, WAIT Training succeeds by empowering teens to <u>recognize, value and seek the benefits of abstinence</u> as a critical strategy for the development of life-long healthy relationships. A 2nd edition, released in early 2004, incorporates updated research and user-friendly improvements such as clear objectives for each lesson and step-by-step teaching plans. Also included are stronger messages about the effects of drugs & alcohol regarding increased vulnerability to sexual advances; and enhancements for GLBTQ students, developed with assistance from the American Psychological Association to improve inclusiveness and eliminate, wherever possible, language that could distract students from embracing sexual abstinence as the optimal health strategy. Based on emerging research and end-user feedback, relevant updates and modifications are made available via our website to all certified instructors, at no additional cost.</p>			
Demonstration of Consistency with Legislative Requirements & Thematic Elements			
<p>WAIT Training is completely consistent with Abstinence Education as defined in Section 510: Title V of the Social Security Act, with all “A-H” elements presented in balanced proportions and in an age-appropriate manner. Clear emphasis is placed on the importance of abstaining from sexual activity until marriage, and that the best life outcomes are more likely if one remains sexually abstinent while acquiring the skills prepare for and establish a satisfying, healthy, committed, life-long marriage. The curriculum clearly defines <i>Sexual Abstinence</i> as “voluntarily choosing not to engage in sexual activity until marriage”; <i>Sexual Activity</i> as “any type of genital contact or sexual stimulation between two persons including, but not limited to, sexual intercourse”; <i>Marriage</i> as “only a legal union between one man and one woman as a husband and wife”; and <i>Spouse</i> only as “a person of the opposite sex who is a husband or a wife”. WAIT Training consistently teaches and emphasizes the psychological and physical benefits of sexual abstinence-until-marriage; the importance of marriage, commitment, responsible parenthood (esp. fatherhood), and the potential negative consequences of out-of-wedlock childbearing. Contraceptive information is provided as an optional, age-appropriate, medically accurate unit of study; which is contextually supportive of abstinence – by not promoting, endorsing or distributing contraception; or demonstrating use of contraceptives. All material regarding STDs is consistent with the National Institute of Allergies & Infectious Diseases definitions for STDs.</p>			
WAIT Training (WT) CBAE Thematic Consistency & Location Reference (for Table of contents)			
<p>A: WT has, as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from non-marital sexual activity. [Trainer Unit: Benefits of Marriage, General & Specific Goals, Behavioral Objectives; Unit 1 (all); Unit 5 (all); Unit 7: Marriage: It’s Good Stuff]</p> <p>B-1: WT teaches that abstinence from sexual activity is the expected standard for all school-age children. [Trainer Unit; PowerPoint; Unit 6: Boundaries, Refusal Skills, Role Plays; Unit 7: (all)]</p> <p>B-2: WT teaches (age-appropriate) that sexually active teens can return to a lifestyle of abstinence from further non-marital sexual activity, and reduce potential negative consequences. [Trainer Unit; Unit 2: 10 Keys, Dating Bill of Rights, Steps of Intimacy, Bonding, Pledge Template; Unit 6: Boundaries, Refusal Skills, Teen PREP; Unit 7 (all)].</p>			

C-1: WT teaches (age-appropriate) that abstinence is the only certain way to avoid out-of-wedlock pregnancy. [Trainer Unit; Unit 5: Exercise 5, Teen Pregnancy Handout]

C-2: WT teaches (medically accurate, age-appropriate) that abstinence as the only certain way to avoid the sexual transmission of STDs and related health problems; Harmful physical effects of infection by STDs that may result from sexual activity outside of the context of faithful marriage; The physical health gains realized by abstaining from sexual activity. [Trainer Unit; Unit 5: (all) Consequences of Teen Sex; Unit 6: Freedoms of Saying No to Sex, Handout]

D-1: WT teaches that the expected standard for sexual activity is within the context of a mutually monogamous marriage relationship between a man and a woman; Healthy human sexuality involves enduring fidelity, love and commitment; Human happiness and well-being are associated with a stable, loving marriage; Non-marital sex can undermine the capacity for healthy marriage, love and commitment; Abstinence is beneficial in preparation for successful marriage and significantly increases the probability of a happy, healthy marriage. [Trainer Unit (all); Unit 7: (all)]

D-2: WT teaches that human sexuality includes deep emotional and psychological aspects and is not merely physical in nature. [Trainer Unit; PowerPoint Presentation; Unit 1: (all); Unit 2: 10 Keys to Successful Dating, Dating Bill of Rights, Steps of Intimacy, Bonding; Unit 7: Finding the Love of My Life, Dreaming of the Future]

E-1: WT teaches the harmful psychological effects of sexual activity outside the context of marriage; Psychological gains realized by abstaining from sexual activity. [Unit 2: Bonding; Unit 6: Boundaries Are Your Friend, Why I Will Wait Starting Today, How Teens Misuse Sex, "Freedoms" & handout]

E-2: WT teaches that teen sexual activity may have harmful effects in addition to the effects previously mentioned; Abstinence can help youth to avoid these potentially harmful effects. [Unit 6: Boundaries Are Your Friend, Why I Will Wait Starting Today, How Teens Misuse Sex]

F-1: WT teaches that sexual activity outside of marriage may result in non-marital pregnancy; Bearing children out-of-wedlock may have harmful consequences for child (age-appropriate); By abstaining from non-marital sexual activity, teens will have increased potential to form healthy marriages that will benefit their future children. [Unit 5: Teen Pregnancy; Unit 7: Marriage: It's Good Stuff]

F-2: WT teaches the potential beneficial effects of marriage to the well-being of adults and society; Bearing children out-of-wedlock is likely to have harmful consequences for the child's parents and society as a whole (age-appropriate). [Unit 7: Marriage: It's Good Stuff, Marriage Rocks, Benefits]

G-1: WT teaches importance of goal setting and future-oriented thinking as a means of promoting sexual abstinence; Importance of personal character in deciding to remain sexually abstinent; Value of building and maintaining healthy relationships that are free from sexual involvement. [Unit 1: Life Mapping, Goal Setting, Hopes/Dreams, Broomstick; Unit 7: Dreaming of the Future, Marriage: It's Good Stuff]

G-2: WT teaches techniques and skills to help young people reject sexual advances and maintain the expected standard of abstinence. [Unit 6: Dealing Effectively with Conflict - Boundaries, Relationship Red Flags Warning Chart, Refusal Skills, Teen PREP]

G-3: WT teaches that the use of drugs or alcohol can increase one's vulnerability to sexual advances (including sexual exploitation or violence); Skills for avoiding high-risk situations where sexual activity is more likely. [Unit 2: Relationship Red Flag Chart, Dating Bill of Rights, 10 Keys to Successful Dating, Ways to Avoid Sexual Assault/Date Rape; Unit 3: Drugs and Alcohol Influence]

H: WT teaches relationship between self-sufficiency and abstinence-until-marriage; Delayed initiation of sexual activity until marriage can significantly improve life outcomes, financial well-being and marital stability. [Unit 1: Hopes and Dreams, Life Mapping, Broomstick Activity, Unit 7: Dreaming of the Future, Marriage: It's Good Stuff]

**Administration for Children and Families
FYSB Abstinence Education Program
FORM A—UNDUPLICATED COUNT OF CLIENTS SERVED**

Grant Number	Fiscal Year	Grantee Name
Unduplicated Count of Clients Served Ages 12-18	Unduplicated Count of Clients Served Ages 19-29	Unduplicated Count of All Others Served

Indicate below the number of all clients served by gender, ethnicity, and age.
CBAE Grantees - do not provide data in the columns for clients ages 19 through 29.

Race and Gender	Age of Clients Served																				
	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	P*	O*	T*
FEMALES																					
Asian																					
Black																					
Hispanic																					
N American																					
N Hawaiian																					
White																					
Others																					
MALES																					
Asian																					
Black																					
Hispanic																					
N American																					
N Hawaiian																					
White																					
Others																					
TOTAL																					

P = Parents; **O** = Other recipients of services or training such as teachers, members of community groups, mentors, youth of other ages, etc.; **T** = Total for row

INSTRUCTIONS FOR THE COMPLETION OF FORM A UNDUPLICATED COUNT OF CLIENTS SERVED

Purpose of the Form

The purpose of Form A, Unduplicated Count of Clients Served, is to track and report the unduplicated number of clients served for each program year. Each client is counted only once.

General Instructions

Form A should be submitted as part of all required reports. Annual reports should provide cumulative data for 12 months.

Complete each cell in Form A for an unduplicated number of clients served in all programs funded by the abstinence education grant except for media campaigns.

In determining the age of a client, use the age of the client at the first point of contact during the program year. Since the purpose of CBAE grants is to provide services to youth ages 12-18, CBAE grantees should not provide any data in the columns for clients ages 19 through 29. If a State program has served youth that are younger than 12 during the report period, include that data under the column "Other."

If you are helping young adults in making decisions related to abstinence, and the young adults happen to be young parents, record these clients under their ages. The column for tracking services to parents (P) should be reserved for recording those efforts aimed at helping parents talk with their children about their children's sexual choices.

Use the following definitions when determining race:

- **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American** - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Other (not required by OMB)** - A person wishing to identify himself or herself as "other" rather than one of the demographic groups described above.

If your program is implementing a media campaign, report such activities, and the numbers served, in the narrative of your program progress report.

Reporting Form Narrative

Submit with forms A-D one narrative that describes any elements that need to be explained. For example, the narrative may describe:

- clients served through media activities;
- groups that have been combined under "Other" on Form A; or
- hours of service received by clients outside the age ranges of 12-18 or 19-29.

Organize the narrative in the order of Form A through Form D, and use headings to clearly identify which form the narrative is describing.

**Administration for Children and Families
FYSB Abstinence Education Program**

FORM B—HOURS OF SERVICE RECEIVED BY CLIENTS

Grant Number	Fiscal Year
Grantee Name	

Indicate the number of clients, by age group, who received the total number of “program hours.”
CBAE Grantees - do not provide data in the columns for 19-29 year olds.

Unduplicated count of clients served, ages 12-18 years old:					Unduplicated count of clients served, ages 19 - 29 years old:			
Number of Program Hours Received	By 12-18 year olds	By 19-29 year olds	Number of Program Hours Received	By 12-18 year olds	By 19-29 year olds	Number of Program Hours Received	By 12-18 year olds	By 19-29 year olds
1			21			41		
2			22			42		
3			23			43		
4			24			44		
5			25			45		
6			26			46		
7			27			47		
8			28			48		
9			29			49		
10			30			50		
11			31					
12			32					
13			33					
14			34					
15			35					
16			36					
17			37					
18			38					
19			39			Total 12-18		
20			40			Total 19-29		

INSTRUCTIONS FOR THE COMPLETION OF FORM B HOURS OF SERVICE RECEIVED BY CLIENTS

Purpose of the Form

The purpose of Form B, Hours of Service Received by Clients, is to track and report the total number of “program hours” that clients have received during the report period.

For example, a grantee may provide 1,000 ninth grade students with a 20-hour curriculum program while also providing 5,000 other youth with a one-hour event. Form B allows the grantee to report these numbers in greater detail, rather than averaging the program hours together. Averaged together, the result would show that 6,000 youth received an average of 4 hours of service, which would not clearly represent the nature of the programs. A more detailed report of the example is captured in the sample table rows below.

Number of Program Hours Received	By 12-18 year olds	By 19-29 year olds
1	5,000	
20	1,000	
Total 12-18	6,000	

General Instructions

Indicate the number of clients, by age group, who received the total number of “program hours.” CBAE grantees should leave blank (not provide any data) in the columns for 19-29 year olds.

A “program hour” is a one hour session, and all sessions should be rounded up or down by the half hour. A session that lasts from 31 to 89 minutes should be counted as one program hour. A three hour event should be counted as three program hours. For example, if 450 youth each attended every session of a course comprised of 5 program hours, and received no other services during the reporting period, it should be recorded that 450 youth received 5 program hours.

For clients that receive services from multiple programs, program staff must add the hours received together so that only one number of program hours received will be recorded for each client served. For example, if a student participated in 17 hours of a 20-hour curriculum program and also participated in a one-hour event, the total number of program hours for that student would be 18.

For clients that received more than 50 program hours, use the last nine rows to indicate the number of program hours received. Do not include any media campaign activities on this form. Rather, report such activities, and the numbers served, in the narrative of your program progress report.

The total number of clients served in each of the two age group columns should be equal to the unduplicated count of clients served for those age groups given at the top of this form and Form A.

Reporting Form Narrative

Submit with forms A-D one narrative that describes any elements that need to be explained. For example, the narrative may describe:

- clients served through media activities;
- groups that have been combined under “Other” on Form A; or
- hours of service received by clients outside the age ranges of 12-18 or 19-29.

Organize the narrative in the order of Form A through Form D, and use headings to clearly identify which form the narrative is describing.

FORM C—PROGRAM COMPLETION DATA

Report the number of all clients that complete the various types of program(s) offered.
CBAE Grantees - do not provide data in the column for 19-29 year olds.

INSTRUCTIONS FOR THE COMPLETION OF FORM C

PROGRAM COMPLETION DATA

Purpose of the Form

The purpose of Form C, Program Completion Data, is to track and report the number of all clients that complete the various types of program(s) offered.

General Instructions

In the first column, list the types of programs offered by the grantee during the program year. A grantee may have several programs such as separate programs for middle school and high school students, events, or training programs, etc. Data should be recorded for each type of program with a distinct number of program hours. For example, if a program offers two after-school curriculum programs with one totaling 12 hours and the second totaling 24 hours, these should be recorded separately. However, if a grantee offers three after-school programs that all provide 15 hours of programming, the data for these should be added together and recorded in one row.

Grantees and sub-grantees should use the following names of program types in column one:

- In-class abstinence curriculum
- After school abstinence curriculum
- Parent education
- Training for abstinence educators
- Mentoring (one-on-one)
- Conference, retreat
- Rally, assembly
- Additional programs (youth presenters, drama, etc.)

For additional programs, name the type of program in column A, and describe it in the narrative.

In the second column, list the total number of program hours that are provided by each program type. A "program hour" is a one hour session, and all sessions should be rounded up or down by the half hour. A session that lasts from 30 to 89 minutes should be counted as one program hour, while 90 to 149 minutes should be counted as two, and so on.

In the third, fourth, and fifth columns, list the number of clients that completed at least 75% of the program above the total number of clients served for each of the age ranges indicated. CBAE grantees should leave blank (not provide any data) in the column for 19-29 year olds.

The total number of clients served by all programs, if they were to be added together, may be greater than the unduplicated count of all clients, as reported on Form A, if clients participated in more than one program.

Grantees with sub-awardees may wish to have each sub-awardee fill out this form separately and then compile the data into one form. In these cases, grantees will likely need to use more than one page.

Reporting Form Narrative

Submit with forms A-D one narrative that describes any elements that need to be explained. For example, the narrative may describe:

- clients served through media activities;
- groups that have been combined under "Other" on Form A; or
- hours of service received by clients outside the age ranges of 12-18 or 19-29.

Organize the narrative in the order of Form A through Form D, and use headings to clearly identify which form the narrative is describing.

**Administration for Children and Families
FYSB Abstinence Education Program**

FORM D—COMMUNITIES SERVED

Grant Number	Fiscal Year
Grantee Name	

State	County	City/Town

INSTRUCTIONS FOR THE COMPLETION OF FORM D COMMUNITIES SERVED

Purpose of the Form

The purpose of Form D, Communities Served, is to track and report geographical areas in which the grantee has provided services.

General Instructions

Record the geographical areas in which all programs were provided during the budget year by state, county, and city/town. A separate row should be used for each county in which services were provided.

Grantees need not report the communities in which the clients reside.

Reporting Form Narrative

Submit with forms A-D one narrative that describes any elements that need to be explained. For example, the narrative may describe:

- clients served through media activities;
- groups that have been combined under “Other” on Form A; or
- hours of service received by clients outside the age ranges of 12-18 or 19-29.

Organize the narrative in the order of Form A through Form D, and use headings to clearly identify which form the narrative is describing.

**LETTER OF INTENT TO APPLY FOR
NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES FUNDING
FISCAL YEARS 2010 AND 2011**

Deadline

**Required Letters of Intent must be received at DPHS no later than
4:30 PM, EST on March 23, 2009**

Letters of Intent can be faxed to the # below or e-mailed to: dlcampbell@dhhs.state.nh.us

To: Shari Campbell
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301-6504

Telephone #: (603) 271-5372 **Fax#:** (603) 271-4519

Re: Letter of Intent for SFY 2010 and 2011 funding

BIDDER INFORMATION

Legal Name of Bidder: (please include "d.b.a." if applicable)	
Executive Director:	
Street Address:	
City, State and Zip Code:	
Telephone:	
Fax:	
E-mail address: (to send electronic documents to)	
Contact Person and Title:	

I understand that this proposal is due by 4:30pm on April 13, 2009 and will not be accepted after that time. _____ (to be signed by contact person listed above).

Please indicate below the name of the RFP for which bidder is submitting a proposal and write in the geographical service area.

We intend to submit a proposal(s) for funding for the following:

Name of RFP	Geographical Service Area

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Proposal Face Sheet

1. Legal Name of Bidder:
2. Name of RFP:
3. Amount of funds requested through this proposal: \$
4. Budget Period(s) / / to / /
 / / to / /
 / / to / /
5. Name and Title of Bidder contact person for proposal:
6. Mailing address:
7. Phone number:
8. Fax number:
9. E-mail address:

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

**Proposal Face Sheet
Instructions**

- 1. Legal name of bidder:** Enter the legal name of the bidder. This must match the name on the Certificate of Good Standing.
- 2. Name of RFP:** This is the name of the Request for Proposals to which you are responding, such as the HIV Prevention Services RFP or Tobacco Addiction Treatment Services and Resource Center RFP. One face sheet and complete set of forms should be completed for each proposal.
- 3. Amount of funds requested through this proposal:** (See Section 1 of RFP)
- 4. Budget Period(s):** See Section 10.6.4. Enter the beginning and ending date(s) for the Budget Period(s) as detailed in Section 10.6.4.
- 5. Name and title of contact person for proposal:** Enter the name of the contact person and their title within the bidder organization (i.e. Executive Director, Program Coordinator). This should be the person who can answer questions relative to the proposal.
- 6. Mailing address:** Enter the address to which correspondence relative to the proposal should be sent.
- 7. Phone number:** Enter the phone number for the contact person.
- 8. Fax number:** Enter the fax number to which correspondence relative to the proposal should be sent.
- 9. E-mail address:** Enter the e-mail address for the contact person.

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Proposal Checklist

Bidder Name:

This checklist is provided to assist you in assuring your proposal is complete. Please check off all required items and submit it with your proposal. Write “N/A” if the item is not applicable to your proposal.

Face Sheet []

Executive Summary []

Proposals lacking an Executive Summary will not be reviewed.

Narrative []

Staff List Form []

Budget Form []

Budget Justification []

Sources of Revenue Form []

Comprehensive General Liability
Insurance Acknowledgement Form []

Curriculum Vitae []

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

**Staff List Form
Instructions**

This form should include all staff in the program funded in part or whole through this proposal. It should provide an accurate projection of all staff salaries to be paid through the grant for the Budget Period. Complete one Staff List Form for each Budget Period.

List each staff member's:

- A. Position Title;
- B. Name;
- C. Hourly rate as of the first day of the Budget Period;
- D. Number of hours per week in the program (total);
- E. Amount of the total salary funded by this program for the Budget Period;
- F. Amount of the total salary funded from other sources for the Budget Period; and,
- G. Total salaries all sources (E & F).

If the program has current positions or projected new positions that will be paid out of the proposed contract, list them as vacant in the name column and complete the remaining columns as instructed above.

If the program has more than one site:

- H. List the site at which each staff member works. Do not include volunteers or consultants.

The total salaries should match the total salary/wages line item on the Budget Form. Benefits are not included here. Consultants should be listed separately on that line item of the Budget Form and described in the Budget Narrative.

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Budget Form

COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD			
Bidder/Program Name: _____ Budget Request For: _____ <div style="text-align: center; font-size: small;">(Name of RFP)</div>			
Budget Period: _____			
Line Item	Funds Requested	Other Funds	Total
1. Total Salary/Wages	\$	\$	\$
2. Employee Benefits	\$	\$	\$
3. Consultants	\$	\$	\$
4. Equipment:	\$	\$	\$
Rental	\$	\$	\$
Repair and Maintenance	\$	\$	\$
Purchase/Depreciation	\$	\$	\$
5. Supplies:	\$	\$	\$
Educational	\$	\$	\$
Lab	\$	\$	\$
Pharmacy	\$	\$	\$
Medical	\$	\$	\$
Office	\$	\$	\$
6. Travel	\$	\$	\$
7. Occupancy	\$	\$	\$
8. Current Expenses	\$	\$	\$
Telephone	\$	\$	\$
Postage	\$	\$	\$
Subscriptions	\$	\$	\$
Audit and Legal	\$	\$	\$
Insurance	\$	\$	\$
Board Expenses	\$	\$	\$
9. Software	\$	\$	\$
10. Marketing/Communications	\$	\$	\$
11. Staff Education and Training	\$	\$	\$
12. Subcontracts/Agreements	\$	\$	\$
13. Indirect Costs (not to exceed 10%)	\$	\$	\$
14. Other (specific details mandatory):	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL			

Please note, any forms downloaded from the DHHS website will NOT calculate.
Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Budget Form and Justification Instructions

Electronic (Excel) Budget Forms will be provided by DPHS to bidders submitting a Letter of Intent. Submit completed Budget Form(s) electronically and in hard copy.

Submit one Budget Form for each program and each Budget Period for which you are requesting funds. In the column: “Funds Requested” list funds for each line item for which you are requesting funds through this proposal. In the column “Other Funds” list funds from other sources by line item. It is not necessary to enter anything in the total column or row, as all totals will be calculated for you. In addition, a Budget Justification must be submitted with each Budget Form.

Use the information below in developing the budget and preparing the Budget Justification. Additional Guidelines for Budget Preparation are available by requesting them from the RFP contact person for those needing more guidance.

1. **Salary/Wages**—Budget Form: from the Staff List Form, include the totals from column E under Funds Requested and the total from F under Other Funds.
2. **Employee Benefits**—Identify the percentage of salary estimated for all fringes.
3. **Consultants**—Budget Form: include the total amount for all consultants.
4. **Equipment**—Identify under the appropriate item (rental, repair and maintenance, or purchase/depreciation) what the total projected expenses will be. NOTE: Purchase of equipment in excess of \$300 must be approved in writing prior to purchase.
5. **Supplies**—Identify projected expenses separately for educational, medical, laboratory, pharmacy, and office.
6. **Travel**—Identify total projected expenses for in state, out-of-state, and conferences. In the narrative state per mile and allowable expenses (based on bidder’s travel policies).
7. **Occupancy**—Identify total cost of occupancy narrative.
8. **Current Expenses**—Identify projected expenses separately for telephone, postage, subscriptions, audit and legal, insurance, and board expenses. Note: Contract funds can only be used for audit expenses if the audit is completed in compliance with A-133 federal guidelines.
9. **Software**—Identify projected expenses of software purchase.
10. **Marketing/Communications**—Identify projected expenses to increase awareness and visibility as well as to promote the program, including brochures, newsletters, and press kits.
11. **Staff Training and Education**—Budget-identify funds used for staff training and education.
12. **Subcontracts/Agreements**—Identify funds used to enter into sub-contracts or agreements with other contractors/vendors to carry out the services of Exhibit “A”.
13. **Indirect Costs**—Identify total amount of indirect costs for this program. **Not to exceed 10%.**
14. **Other**—**Specific details mandatory** for any other program expenses not previously noted above.

Sources of Revenue Form

New Hampshire Department of Health and Human Services
Division of Public Health Services

Bidder/Program Name: _____

Name of RFP: _____

Budget Period: _____

A	B		C	
Sources of Revenue (Funds)	Revenue for Currently Funded Programs for Current Budget Period		Projected Revenue for Proposed Budget Period	
	Dollar Amount	Percentage	Dollar Amount	Percentage
<i>Note: Please do not include funds from unrelated initiatives within your organization.</i>				
DPHS Funds (specify source below)				
Other State Funds (specify source below)				
City/Town Funds				
Other Federal Funds				
United Way				
Medicaid				
Client Fees				
Fundraising				
Other (specify below)				
TOTAL	\$0.00		\$0.00	
In-kind (specify below)				
TOTAL	\$0.00		\$0.00	
Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.				

New Hampshire Department of Health and Human Services
Division of Public Health Services

Sources of Revenue Form Instructions

Electronic (Excel) Sources of Revenue Forms will be provided by DPHS to bidders submitting a Letter of Intent. Submit completed Sources of Revenue Form(s) electronically and in hard copy.

Submit one Sources of Revenue (SOR) Form for each program and each Budget Period for which you are requesting funds.

Please do not include funds from unrelated initiatives within your organization.

Column A: Many programs receive funds (revenue) from multiple sources; list these **sources** in this column, as indicated.

Column B: **For Currently Funded Programs**, list the actual **dollar amounts** of revenue by source, for the program's **current** Budget Period. Percentages will automatically calculate in the Percentage column (in electronic version of the form).

Column C: List the projected **dollar amounts** of revenue by source, for the **projected** Budget Period. Percentages will automatically calculate in the Percentage column (in electronic version of the form).

In-Kind Revenue: *Please list sources and value of **In-Kind Revenue** in the lower portion of **Columns A, B and C**.*

Please note, any forms downloaded from the DHHS website will NOT calculate. Electronic versions of forms are provided to all bidders submitting a Letter of Intent.

**New Hampshire Department of Health and Human Services
Division of Public Health Services**

Comprehensive General Liability Insurance Acknowledgement Form

The New Hampshire Office of the Attorney General requires that the Request for Proposal (RFP) package inform all bidders of the State of New Hampshire's general liability insurance requirements. The limits of liability required are dependent upon your corporation's legal formation, and the annual total amount of contract work with the State of New Hampshire.

Please select only ONE of the checkboxes below that best describes your corporation's legal formation and annual total amount of contract work with the State of New Hampshire:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed \$500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed \$500,000, is comprehensive general liability insurance in amounts of not less than \$1,000,000 per claim or occurrence and \$2,000,000 in the aggregate. *These amounts may NOT be modified.*

- ☐ (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed \$500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

- ☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

Please indicate your current comprehensive general liability coverage limits below, sign, date and return with your proposal package.

\$_____ Per Claim \$_____ Per Incident/Occurrence \$_____ General Aggregate

Signature & Title

Date

This acknowledgement must be returned with your proposal.